## OSHA's Form 300 (Rev. 01/2004)

Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to

this office.

## Log of Work-Related Injuries and Illnesses

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment

beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an

injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the exten possible while the information is being used for occupational safety and health purposes.

Year	
U.S. Department	of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment name

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help. City State Identify the person Describe the case Classify the case Enter the number of (A) (B) (C) (D) (E) (F) CHECK ONLY ONE box for each case based on the days the injured or ill Check the "injury" column or choose one type of Case Employee's Name Job Title (e.g. Date of Where the event occurred (e.g. Describe injury or illness, parts of body affected, most serious outcome for that case: worker was: Welder) injury or Loading dock north end) and object/substance that directly injured or made (M) person ill (e.g. Second degree burns on right onset of On job illness forearm from acetylene torch) Days away Away Skin Disorder Death Remained at work transfer or (mo./day) from work From restriction Work (days) Job transfer or Other record-(days) restriction able cases (G) (H) (I) (K) Page totals 0 0 0 0 0 0 0 Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Skin Disorder Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA